

Index of Claims


Application No.

09/941,545

Applicant(s)

MAX, MICHAEL D.

Examiner

Chester T. Barry

Art Unit

1724

<input checked="" type="checkbox"/>	Rejected
<input type="checkbox"/>	Allowed

<input checked="" type="checkbox"/>	(Through numeral) Cancelled
<input checked="" type="checkbox"/>	Restricted

<input checked="" type="checkbox"/>	Non-Elected
<input checked="" type="checkbox"/>	Interference

<input checked="" type="checkbox"/>	Appeal
<input checked="" type="checkbox"/>	Objected

Claim	Date	
Final	Original	
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